## ALL-PURPOSE ACKNOWLEDGMENT

| State ofVirgi                       | <u>inia</u>           |   |                                   |
|-------------------------------------|-----------------------|---|-----------------------------------|
| County of                           |                       | _   |                                   |
| On                                  |                       | before me,  | , personally appeared             |
|                                     | DATE                  | before me,AME OF NOTARY P   |                                   |
|                                     | NAME(S)               | OF SIGNERS(S)   | personally                        |
| subscribed to th<br>authorized capa | e within instrument a | basis of satisfactory evidence to be the per<br>nd acknowledged to me that he/she/they ex<br>his/her/their signature on the instrument the<br>instrument. | xecuted the same in his/her/their |
|                                     |                       | WITNESS my hand and official s  | eal.                              |
| Place Notary Se                     | al or Stamp Here      |   |                                   |
|                                     |                       |   |                                   |
|                                     |                       |   |                                   |
|                                     |                       | SIGNATURE OF NOTARY   |                                   |
|                                     |                       | Name of Notary:   |                                   |
|                                     |                       | My Commission Expires:  |                                   |
|                                     |                       |   |                                   |
|                                     |                       |   |                                   |
|                                     | g on this Acknowled   | h the information requested below is C<br>Igment and could prevent fraudulent r   |                                   |
| DESCRIPTIO                          | ON OF ATTACHED        | DOCUMENT  |                                   |
| TITLE OR TYPE OF                    | DOCUMENT              |   |                                   |
|                                     | (Includin             | g Acknowledgment)   |                                   |
| NUMBER OF PAGES                     |                       | g rickino wiedginency   |                                   |
| DATE OF DOCUMEN                     | NT                    |   |                                   |
|                                     |                       |   |                                   |

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED ABOVE

SIGNER(S) OTHER THAN NAMED ABOVE